

Attorney Docket No: KEYL-002/00US



Express Mail Label Number: EL708083932US
Date of Deposit: April / / 2001

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Stephanie Sharrett

Box Patent Application Commissioner for Patents Washington, D.C. 20231

## UTILITY PATENT APPLICATION TRANSMITTAL

- 1. Transmitted herewith for filing is a U.S. Non-Provisional Utility Patent Application entitled: "SYSTEM AND METHOD FOR MONITORING THE INTERACTION OF RANDOMLY SELECTED USERS WITH A WEB DOMAIN" naming as inventors: Tim Kraft and Oran Thomas and including:
  - [X] Eleven (11) pages of description (before the claims);
  - [X] Five (5) pages of claims ((23) total claims; (4) independent claims);
  - [X] One (1) Sheet of Abstract;
  - [X] (3) sheets of drawing(s) including Figures 1, 2, and 3.
- **2.** Also enclosed are:
  - [X] Application Data Sheet;
  - [X] Fee Transmittal;
  - [X] Executed Declaration;
  - Assignment and Assignment Recordation Cover Sheet;
  - [X] Assertion of Entitlement to Small Entity Status;
  - [X] Statement Under 37 C.F.R. §3.73(b);
  - [X] Power of Attorney by Assignee;
  - [X] Check in the amount of \$462.00;
  - [X] Other: Return postcard.

3. The filing fee has been calculated as follows [] and in accordance with the enclosed preliminary amendment:

	NO. OF CLAIMS	The state of the s	EXTRA CLAIMS	RATE	FEE					
Basic Application	\$355.00									
Total Claims	23	- 20 =	3	x \$9.00	27.00					
Independent Claims	4	- 3 =	1	x \$40.00	40.00					
If multiple dependent claims are presented, add \$270.00										
Total Application	422.00									
If an Assertion of Entitlement to Small Entity Status is enclosed, subtract 50% of Total Application Fee										
Other fees: (spe	40.00									
TOTAL-FEE DUE										

- [X] Check No. 377740 in the amount of \$462.00 for the total fee is attached.
- [X] The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 03-3117.
- 4. Please direct all correspondence concerning this application to:

COOLEY GODWARD LLP
Attention: Patent Group
Five Palo Alto Square
3000 El Camino Real

Palo Alto, California 94306-2155

Tel: (858) 550-6074 Fax: (858) 453-3555



**CUSTOMER NUMBER:** 

Dated: 4/10

Cooley Godward LLP

Attention: Patent Group Five Palo Alto Square 3000 El Camino Real

Palo Alto, CA 94306-155

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Respectfully submitted, COOLEY GODWARD LLP

By:

Kevin J. Zimmer Reg. No. 36,977

Approved for use through 9/30/000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## Complete if Known Application Number Unassigned FEE TRANSMITTAL Filing Date April /0, 2001 First Named Inventor Kraft, et al. Note: Effective October 1, 2000. Group Art Unit Unassigned Patent fees are subject to annual revision. Examiner Name Unassigned Attorney Docket Number KEYL-002/00US TOTAL AMOUNT OF PAYMENT (\$) 462.00

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:					3. ADDITIONAL FEES						
						Large	•		Entity	,	
Deposit						Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number	0.	3-3117				105	130	205	65	Surcharge - late filing fee or oath	
Deposit Account Cooley Godward LLP						127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Name Cooley Godward EET						139	130	139	130	Non-English specification	
Charge Any Additional Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance					147	2,520	147	2,520	For filing a request for reexamination		
					112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
2.		nent Enclo Check	sed:	Money		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
45	14.1	CHECK		Order Other		115	110	215	55	Extension for reply within first month	
719		FE	E CAL	CULATION	1	116	390	216	195	Extension for reply within second mont	h
1. FILI	NG I	EE			1	117	890	217	445	Extension for reply within third month	
1, 1,5	Entit		Entity			118	1,390	218	695	Extension for reply within fourth month	
Fee	Fee	Fee	Fee	Fee Description Fee Paid	İ	128	1,890	228	945	Extension for reply within fifth month	
Gode	(\$)	Code	(\$)	Hility filing for 355 00		119	310	219	155	Notice of Appeal	
101	710	201	355	Ottnity fitting fee		120	310	220	155	Filing a brief in support of an appeal	
1 -	320	206	160	Design filing fee		121	270	221	135	Request for oral hearing	
108	490	207	245	Plant filing fee		138	1,510	138	1,510	Petition to institute a public use proceed	ling
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	710 150	208 214	355 75	Reissue filing fee Provisional filing fee		140	110	240	55	Petition to revive - unavoidable	
					141	1,240	241	620	Petition to revive - unintentional		
* 303.3.112(1)					-	142	1,240	242	620	Utility issue fee (or reissue)	
2. CLA	AIMS		_Extra_	Fee from <u>below</u> <u>Fee Paid</u>		143	440	243	220	Design issue fee	
Total Claims 2		-20 =	3	X  9  =  27		144	600	244	300	Plant issue fee	
Independent Claims	٠ <u>ـــ</u>	-3=	1	X 40 =		122	130	122	130	Petitions to the Commissioner	
Multiple De	pende	nt Claims		= 40		123	50	123	50	Petitions related to provisional applicati	ons
	Entit		Entity			126	240	126	240	Submission of Information Disclosure S	Strnt
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		581	40	581	40	Recording each patent assignment per property (times number of properties)	
103	18	203	9	Claims in excess of 20		146	710	246	355	Filing a submission after final rejection	
102	80	202	40	Independent claims in excess of 3						(37 CFR 1.129(a))	
104	270	204	135	Multiple dependent claim		149	710	249	355	For each additional invention to be	
109	80	209	40	Reissue independent claims over original patent	Other	fan (ar -	orfu) P	ooondo.	on Ess	examined (37 CFR 1.129(b))	40.00
110	18	210	9	Reissue claims in excess of 20 and over original patent	Other fee (specify) Recordation Fee Other fee (specify)						
SUBTOTAL (2) (\$) 422.00 * Reduced by Basic Filing Fee Paid SUBTOTAL (3)								(\$)462.00			
SUBMITTED BYComplete (if applicable)Typed orKevin J. ZimmerReg. Number36,977											
Printed Name   1 2									30,911		
Signature		T t	$\overline{/}$	1) 1 =				Date		1 / Deposit Acco	nint

Burden Hour Statement: This form is estimated to should be sent to the Chief Information Officer Pa Patents, Washington, DC 20231 ours to complete Tim will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form frademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for